

**REVOCATION OF POWER OF  
ATTORNEY AND CHANGE OF  
CORRESPONDENCE ADDRESS**

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First Named Inventor	Reza Esfandiari
Attorney Docket Number	24970-10885

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

Please change the correspondence address to, and associate the above-identified application with:

☐ Practitioners at Customer Number

**OR**

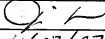
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Dr. Gi Young Lee
Title	President
Signature	
Date	4/17/07

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of one form is submitted.